

City of Columbus, Ohio

Contractor Partial Payment Certification

Project Number:	
Project Name:	
Contractor:	
Estimate Number:	Estimate Date:

I, _____, a duly authorized representative of the Contractor for the reference Project, hereby verify based on personal knowledge or reasonable investigation and good faith belief that all items represented by this estimate were constructed in reasonably close conformity with the Contract Documents.

Pursuant to CMSC 109.07, execution of this document by the Contractor acknowledges full, fair and timely compensation for the work represented by this estimate. Any exception to the foregoing is listed below.

By execution of this document the Contractor certifies that all subcontractors and material suppliers will be paid monies due from this Partial Payment in accordance with the Columbus City Code.

Ref. No	Item	Quantity	Reason for exception

Contractor signature

Title

Date

Instructions:

Project Number: Show the project number on the contract.
Project Name: Show the project name as it appears on the signed contract.
Contractor: Show the Contractor's full company name.

Estimate Number: Show the estimate number that this certification corresponds to.
Estimate Date: Show the estimate date that this certification corresponds to.

The first sentence should denote the printed or typed name of the authorized Contractor's project representative (as listed on the form CA-D-10).

The same authorized representative will provide the signature, title and dates on the form.

Only the duly authorized Contractor personnel (as provided by the form CA-D-10) are approved to sign the Contractor Partial Payment Certification.